

# Centers for Disease Control and Prevention National Public Health Improvement Initiative (NPHII)<sup>1</sup>

## Goal

This initiative is intended to strengthen public health infrastructure and systematically increase performance management capacity so that public health goals are effectively and efficiently met. Increased efficiency and effectiveness are critical in preparing for, preventing, and responding to acute and chronic threats to the Nation's health. NPHII is part of Prevention and Public Health Fund of the Affordable Care Act of 2010, the nation's health reform law.

In this era of health reform, public health service delivery systems will be transformed, especially as individuals gain access to health plans that support behavioral and clinical changes to improve health.

NPHII anticipates contributing to this transformation through building or reengineering public health infrastructures while integrating a system for continuous performance measurement and quality improvement.

## Grantees

Through the Office for State, Tribal, Local and Territorial Support (OSTLTS), CDC has awarded \$42.5 million for the NPHII to health departments or their bona fide agents in 49 states, 8 federally recognized Tribes, Washington, D.C., 9 large local health departments, 5 U.S. Territories, and 3 U.S. affiliated Pacific Island jurisdictions as the beginning of a 5-year program. Expanded programs are funded in 19 of these grantees.

See **Figure 1** for a map of the grantees.

## Expected Outcomes

NPHII supports cross-cutting public health system changes which categorical public health programs are not set up to support. The initiative expects to increase the ability of health departments to use resources more efficiently across or within key areas, such as health promotion and disease prevention, public health policy and law, health information technology, and workforce development. Keys to success of enhanced efficiency and effectiveness of public health service delivery are standardization, improved networking, and cross-jurisdictional coordination and cooperation.

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## Categories of Work

All categories of work require measurable outcome goals intended to determine success.

### Performance Management

*This category of work is required of all grantees*

- Focuses on building, institutionalizing, and implementing performance management capacity within health departments
- Supports full-time "Performance Improvement Manager" who will participate in a national network of performance improvement professionals supported by CDC

### Policy and Workforce Development

- Uses policy and public health law as tools for protecting and improving public health
- Supports expansion and training of public health staff and community leaders

### Public Health System Development/Redevelopment

- Focuses on building or reengineering infrastructure to improve networking, coordination, standardization, and cross-jurisdictional cooperation in the delivery of public health services
- Establishes or enhances systems that increase the ability to use resources more efficiently within and across the system

### Best Practice Implementation

- Assists health departments in increasing access to and adopting best and promising practices for prevention and wellness as well as business and organizational practices

<sup>1</sup>Announced as Strengthening Public Health Infrastructure for Improved Public Health Outcomes (CDC-RFA-CD10-1011)

For more information please visit: [www.cdc.gov/OSTLTS](http://www.cdc.gov/OSTLTS) email: [OSTLTSfeedback@cdc.gov](mailto:OSTLTSfeedback@cdc.gov) or call: OSTLTS Hotline: 1-866-835-1861

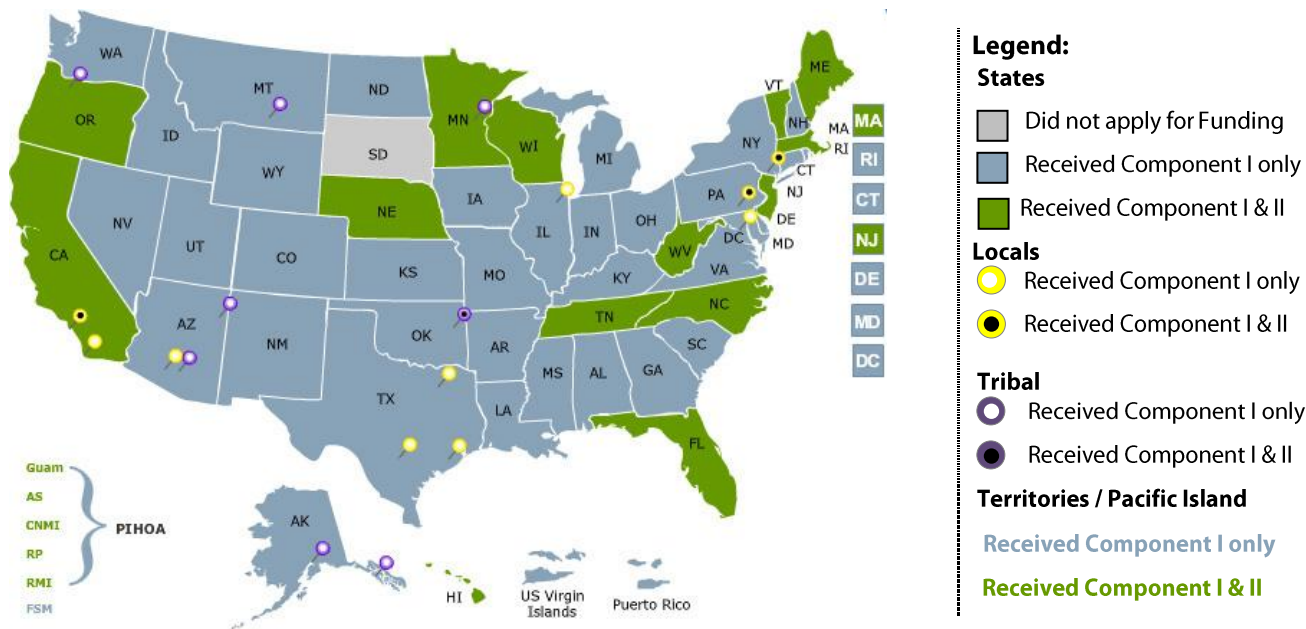


Figure 1

## Funding Awarded to States

**Component I:** Alabama Dept of Public Health \$200,000 | State of Alaska Dept of Health and Social Services \$100,000 | Arizona Dept of Health Services \$289,586 | Arkansas Dept of Health \$200,000 | Colorado Dept of Public Health and Environment \$300,000 | Connecticut Dept of Public Health, State of \$200,000 | Delaware Health and Social Services \$100,000 | District of Columbia Dept of Health \$100,000 | Georgia Dept of Community Health \$399,836 | Idaho Dept of Health and Welfare \$200,000 | Illinois Dept of Public Health \$400,000 | Indiana State Dept of Health \$300,000 | Iowa Dept of Public Health \$200,000 | Kansas Dept of Health and Environment \$200,000 | Kentucky Cabinet for Health and Family Services \$200,000 | Louisiana Dept of Health and Hospitals \$200,000 | Maryland Dept of Health and Mental Hygiene \$300,000 | Michigan Dept of Community Health \$400,000 | State of Mississippi \$199,585 | State of Missouri \$300,000 | State of Montana \$100,000 | Nevada Department of Health and Human Services/Health Division \$200,000 | New Hampshire Division of Public Health Services \$100,000 | New Mexico Department of Health \$199,877 | New York State Department of Health \$400,000 | North Dakota Department of Health \$100,000 | State of Ohio Department of Health \$394,111 | Oklahoma State Department of Health \$200,000 | Pennsylvania Department of Health \$400,000 | Rhode Island Department of Health \$99,738 | South Carolina Department of Health and Environmental Control \$200,000 | Texas Department of State Health Services \$400,000 | Utah Department of Health \$200,000 | Virginia Department of Health \$300,000 | Washington State Department of Health \$299,981 | Wyoming Department of Health \$100,000

**Component I and II:** California Dept of Public Health \$2,060,128 | Florida Dept of Health \$2,060,128 | Hawaii Dept of Health \$1,100,000 | Maine Dept of Health and Human Services, State of \$1,758,785 | Massachusetts Dept of Public Health \$1,960,128 | Minnesota Dept of Health State Treasurer \$1,960,128 | Nebraska Department of Health and Human Services \$1,200,000 | New Jersey Department of Health and Senior Services \$1,638,751 | North Carolina Department of Health and Human Services \$1,903,857 | Oregon Department of Human Services \$1,860,128 | Tennessee Department of Health \$1,296,995 | Vermont Department of Health \$1,100,000 | West Virginia Department of Health and Human Resources \$1,200,000 | Wisconsin Department of Health Services \$1,960,128

## Funding Awarded to Locals

**Component I:** Dallas County Health and Human Services \$100,000 | City of San Antonio Metropolitan Health District \$100,000 | County of San Diego \$100,000 | Maricopa County \$199,434 | City of Chicago \$200,000 | Houston Department of Health and Human Services \$200,000 **Component I and II:** Philadelphia Department of Public Health \$1,118,492 | County of Los Angeles Department of Public Health \$1,859,950 | New York City Department of Health and Mental Hygiene \$2,060,128

## Funding Awarded to Territories and Pacific Islands

**Component I:** Federated States of Micronesia \$100,000

**Component I and II:** American Samoa Government Department of Health \$100,000 | Commonwealth of Northern Mariana Islands Department of Public Health \$100,000 | Guam Department of Public Health and Social Services \$100,000 | Republic of the Marshall Islands, Ministry of Health \$100,000 | Republic of Palau Ministry of Health \$100,000 | United States Virgin Islands Department of Health \$100,000 | Puerto Rico Department of Health \$200,000

**Component II:** Pacific Island Health Officers Association \$1,660,128

## Funding Awarded to Tribes

**Component I:** Mille Lacs Band of Ojibwe \$99,866 | Alaska Native Tribal Health Consortium \$100,000 | Gila River Indian Community \$100,000 | Montana-Wyoming Tribal Leaders Council \$100,000 | Navajo Nation Tribal Government \$100,000 | Northwest Portland Area Indian Health Board \$100,000 | SouthEast Alaska Regional Health Consortium \$100,000

**Component I and II:** Cherokee Nation \$1,760,128

For more information about NPHI, visit [www.cdc.gov/ostlts/nphii](http://www.cdc.gov/ostlts/nphii); call 1-866-835-1861; or email [ostltsfeedback@cdc.gov](mailto:ostltsfeedback@cdc.gov)